



CLAIM AGAINST THE CITY OF SAN DIEGO

(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

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File No. _____

A claim must be presented to the **Risk Management Department** of the City of San Diego not later than six (6) months after the date of the incident or event. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be presented to: *City of San Diego, Risk Management Dept., 1200 Third Ave., Suite 1000, San Diego, CA 92101.*

TO THE HONORABLE MAYOR AND CITY COUNCIL, The City of San Diego, California

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. **NAME OF CLAIMANT:** _____
a. **ADDRESS OF CLAIMANT** _____

(CITY) _____ (STATE) _____ (ZIP) _____
b. **PHONE NO.** Home _____ c. **DATE OF BIRTH** _____
Business _____

d. **SOCIAL SECURITY NO.** _____ e. **DRIVER'S LIC. NO.** _____

2. Name, telephone and post office address to which claimant desires notices to be sent if other than above:

3. Occurrence or event from which the claim arises:

a. **DATE:** _____ b. **TIME:** _____ c. **PLACE** (exact and specific location): _____

d. Specify the circumstances of the occurrence, event, act or omission which you claim caused the injury, damage or loss. (use additional paper if necessary):

e. State how or in what manner the City of San Diego or its employees were at fault: _____

4. Give a description of the injury, property damage or loss incurred so far as is known at the time of this claim. If there were no injuries, state "no injuries". (If your claim involves a vehicle, include license, year, make and model.)

5. Give the name(s) of the City employee(s) causing the injury, damage or loss, if known:

6. Name and address of any other person injured: _____

7. Name and address of the owner of any damaged property: _____

8. Damages claimed:

a. Amount claimed as of this date:

\$ _____

b. Estimated amount of any future costs:

\$ _____

c. Total amount claimed:

\$ _____

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):

9. Names and addresses of all witnesses, hospitals, doctors, etc.

a.

b.

c.

d.

10. Any additional information that might be helpful in considering claim:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code § 72; Insurance Code § 556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____ 20____ at _____

CLAIMANTS SIGNATURE